## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: NIGHTWIND ADULT FAMILY HOME (0009891)

Address: 25571 CTY X, CASHTON, WI 54619

**License Status: REGULAR** 

Licensed/Certified/Registered 01/13/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Survey ID: 0095059 End Date: 05/24/2005 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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